

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 593145

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
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49	/		/			
50	/		/			
TOTAL IND.			18			
TOTAL DEP.			55			
TOTAL CLAIMS			73			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/		/		/	
52	/		/		/	
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54			8			
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						